

HEALTH COMMITTEE meeting of May 24, 2000

A regular meeting of the Health Committee of the Suffolk County Legislature was held in the Media Room, First Floor of the H. Lee Dennison Building, Veterans Memorial Highway, Hauppauge, New York, on May 24, 2000, at 9:30 A.M.

Members Present:

Legislator Ginny Fields - Chairperson
 Legislator Brian Foley - Vice-Chair
 Legislator Michael Caracciolo
 Legislator Joseph Caracappa
 Legislator Andrew Crecca

Also in Attendance:

Paul Sabatino - Counsel to the Legislature
 Mary Skiber - Aide to Legislator Fields
 Meghan O'Reilly - Aide to Presiding Officer Tonna
 Linda Bay - Aide to Presiding Officer Tonna
 Jim Spero - Deputy Director/Budget Review Office
 Kim Brandeau - Legislative Budget Analyst/Budget Review Office
 Bonnie Godsman - County Executive's Office/IR
 Dr. Clare Bradley - Commissioner/SC Department of Health Services Robert Maimoni - Administrator/SC Department of Health Services
 Rick Meyer - SC Department of Health Services
 Lori Benincasa - Department of Health Services
 Nancy Manteiga - 2nd Vice-President/AME
 Claire Millman - Alliance for Smoke-Free Air
 Lillian Jones - Regional Advocacy Director/American Cancer Society Dr. Andrew Packard - RX Maxwell
 Nancy Hemendinger - Nassau-Suffolk Tobacco Control Task Force Marianne Zacharia - American Lung Association
 All Other Interested Parties

Minutes Taken By:

Alison Mahoney - Court Stenographer

(*The meeting was called to order at 9:50 A.M.*)

CHAIRPERSON FIELDS:

Good morning. Can we please rise for the Pledge of Allegiance led by Legislator Crecca.

Salutation

We have a couple of speakers and I'd like to bring them up at this moment because a couple of Legislators have to leave early and we have some late arrivals. Claire Millman from the Alliance for Smoke-Free Air. Good morning.

MS. MILLMAN:

Good morning. I am glad I could be here only because Channel 12 cancelled our appointment because of the rain.

CHAIRPERSON FIELDS:

I think this is not on.

MS. MILLMAN:

Now?

CHAIRPERSON FIELDS:

It's on now.

MS. MILLMAN:

Okay. This is, of course, a matter of great interest to us. And as I said at the hearing, we are reiterating our appeal for strengthening of the Suffolk County smoke-free laws and especially penalties as far as those adults who sell to minors and those who purchase for minors, and we believe that ATUPA doesn't really cover those who purchase for minors adequately. It is very specific as far as the law selling -- purchasing alcohol for minors, from what I understand, from the various precincts that I spoke to, but when it comes to tobacco, I don't think there's anything really specific. They can cover it in other ways, the Police Department, endangering the welfare of a minor, but there is nothing specific on the books, to my knowledge and to the knowledge of the precincts that I connected with, that indicates that -- stipulating that adults cannot purchase for minors when it comes to tobacco.

So we're reiterating our appeal for that to be included in a law specifically. And that the penalties as far as transfer of license and as far as selling, the retailers selling, be increased substantially as they have been in New York City. Suffolk County -- Nassau County just added, at the last minute to their law that they passed, increasing penalties as well. So I would like to see a substantial increase, my organization would, and I'm sure the rest of the health community feels the same way about that.

Also, as I appealed to you and the Legislature earlier, we would like to see smoking in this smoking rooms, minors barred completely, whether or not they are accompanied by a guardian. A minor -- of course, children are more susceptible to the ETS, so their membranes are more susceptible and they are more at risk of disease. But in addition to that, they walk into that room, besides it being a gas chamber, they're looking around and all they see is smokers. And so it just prolongs their perception of, "Everybody smokes when they grow up and I want to do the same thing." So I think it's very, very important that we get that out.

Putnam County, and I didn't know that at the time that I testified at the hearing, but Putnam County was considering and has just passed the law which includes barring minors from the smoking -- the designated rooms. So we would hope that we could get that through in Suffolk County. Suffolk County is such a leader all these years in this area, we feel it's time to take the next step and we feel that it would benefit the children in a positive way from keeping them to smoke.

Also the bowling area, we would like to call that out as well. They are allowed to smoke after six in the bowling alleys in Suffolk County and I would again appeal to you to bar smoking in the bowling alleys unless it's a separately enclosed, separately ventilated to the outside smoking room. There is no reason for them to allow smoking in bowling alleys and bingo places, in other areas of recreational facilities. Also, outside the movie theatres, outside the malls, outside any recreational place or public place. I would hope that we would have a smoke-free zone so that the children -- that's one more place where the minors would not be allowed to light up, but it would cover all ages and send a message to everyone.

We find that where there is a non smoking environment effectively, I was at a forum just the other day in the city and the statistics are proving that where these programs are -- the non smoking programs are in effect strongly, there is more incidents of -- more of a percentage of smoke-free homes. And so that impacts the children as well, and so we would appeal for that.

In addition, I had -- okay. I had appealed -- I don't know how -- I have been talking to my colleagues and I don't know how we accomplished this, but to see to it that the school administrators are held responsible, put teeth somehow. Now, I don't know if this -- because I am not sure of this, if this is under State legislation or if Suffolk County can do it. But as I called out in the hearing, there are schools where the children do not smoke and there are other schools where it is not being enforced, the smoke-free policy on premises. And somehow if we can put teeth into that, holding the administrators accountable, I would think that that would go a long way to helping to keep children from smoking.

The comprehensive program that Suffolk County is enacting of course will go a long way. But the fact is we have to put teeth into laws now to make it more responsible for the adults to keep the children. Once we have compliance as far as

selling or purchasing on the part of the adults for the minors, once we have compliance in other areas of public places where they cannot light up, once we have stricter laws in all these areas, if it is still not reducing minors smoking, then certainly we should address the area of dealing with the minors themselves.

CHAIRPERSON FIELDS:

Thank you very much. Dr. Bradley, could you just step forward for a minute? There were two points that Mrs. Millman made that I wanted to ask you about.

COMMISSIONER BRADLEY:

Sure.

CHAIRPERSON FIELDS:

She wasn't sure about the ATUPA and whether or not it was specific in covering illegal purchases, if an adult purchases cigarettes and gives them to a minor.

COMMISSIONER BRADLEY:

No, no it doesn't. And what -- because we've had some circumstances even within establishments where child has come in with one of our Sanitarians to see if they can purchase the tobacco and then the person behind the counter has said, "Well, this is what we're going to do. You give the money to that worker over there, that worker will buy for you and then give you your cigarettes and your change," and we fined them. And they called us and said, "Well, no, that's not what the law is," and we said, "Well, we're going to get you on endangering the welfare of a child"; and that hasn't gone to hearing yet but it will. But what I'd like to see if we can do is put it in our permitting process that we're doing the Board of Health, maybe we can add that as a subsection.

CHAIRPERSON FIELDS:

You and I are the only ones that know about that, so maybe you could share that --

COMMISSIONER BRADLEY:

Sure.

CHAIRPERSON FIELDS:

-- with anyone who is listening and, you know, for the record.

COMMISSIONER BRADLEY:

Okay. Currently in Suffolk County we've had several problems in terms of enforcing ATUPA, Adolescent Tobacco Use Prevention Act, in terms of vendors selling cigarettes to minors. The one number one issue is that there are several vendors, about 20%, that aren't licensed by the State. So even when we find that they break the law, they're not at risk of losing their license because they didn't have a license to start out with, so we want to have a local permitting process in place to deal with that.

The second issue is that we've had licensed vendors who have repetitively sold to minors, they get their license taken away, even though it takes a while working through the State, and then they reapply under a different name and get it right back. We've also had some circumstances recently where they reapply under the same name and get it back in under a year. So by having the local permitting process in place, we'll be able to stop that at the local level.

CHAIRPERSON FIELDS:

And then there will be increased fines for that and --

MS. MILLMAN:

New York City just did that. There's no transfer of license, there's increased penalties.

COMMISSIONER BRADLEY:

Right.

MS. MILLMAN:

Two strikes you're out instead of the three that they had, and no transfer.

COMMISSIONER BRADLEY:

Yeah, right.

CHAIRPERSON FIELDS:

That may be something we can look at too, instead of three strikes it's two, yeah. We are working on that, though, that has been a problem that we were concerned about quite a while back.

MS. MILLMAN:

Yes.

CHAIRPERSON FIELDS:

So we are working on that, so that I think we'll see as soon as we can see it. Okay, thanks.

COMMISSIONER BRADLEY:

Sure.

CHAIRPERSON FIELDS:

Nancy Hemendinger.

MS. HEMENDINGER:

Good morning. My name is Nancy Hemendinger and I'm representing the Nassau-Suffolk Tobacco Control Task Force and I am here on my own time.

I have also been in the health field as a health educator for 17 years working with youth, tobacco control it's been about 12 years. And I understand your frustration, I remember you speaking at the last legislative meeting about youth and seeing them smoke in front of that 7-Eleven. Every morning I drive by Amityville High School, right next to that is a 7-Eleven where the youths stand out and smoke, and I look at them and I don't see defiance when they see me looking at them, I see children, youth that are hurting, have a lot of issues that they need to deal with.

When I have done many, many smoking cessations for youth and adults, I have found in the last five to seven years that youth and adults are more willing to come to the table and start to address their addiction. This addiction -- and I have handed out Stages of Change Model by DeClimente and Prochaska. And when we're talking about helping people who are addicted, they have different stages that people go through when making changes and this applies to youth. The youth that are mandated to take the cessation programs that I conduct are usually what we call the precontemplation stage, and they're not even ambivalent. Many times people who are using tobacco, they're like, "Well, I know it's bad but I should stop." Adults and youth in this stage, they're not even at that point, they're in denial, defiance, they're rationalized and there's ignorance that goes along with it.

And what I have listed under that is the counseling approach that goes with that, this is the chart, probably about four pages in. And what they need at this point when they are addicted to nicotine is acceptance, patience, encouraging, listening, being satisfied with minimal progress, not to be listed or pegged as a trouble maker. And also, at this point our goal is just to introduce, even if we can get them to the point of ambivalence and accepting, "Well, yes, I know tobacco is causing damage to me and I would like to move on to the next stage." So the youth that we have in the mandated cessation programs, our goal at this portion is to bring them from precontemplation to contemplation.

We also work with students who want to quit smoking and they start in that second state, contemplation. And again, the characteristics, fear of failure, fear of consequences of smoking, but the counseling approach needed, successful evaluated approach needed is, again, patience, coping, identifying what their resistant issues are and working with them and helping

them to move along the stages.

I have found in the last five years -- and this chart goes on to when we are completely successful of not only the youth or adult taking action, but also helping them maintain that action. I bring this information and additional resources to you that I would like to lend to you, if you would like them, as a way of some of the things that as task force and also as a health educator, some of the things that we are working on.

Other things that Mrs. Millman talked about that are supportive are the Clean Indoor Air Laws. I have noticed when the nicotine users come to the table, they do have anger about not being able to smoke and that's one of the things that we break down and we explain to them that this actually is helpful to you, and probably by the second or third session they acknowledge how they are smoking less as a result of these Clean Indoor Air Laws.

As far as youth, the compliance levels in Suffolk County have affected the youth; they are reporting they're having difficulty getting their hands on the cigarette. These have been effective for our youths. Also the restricting on tobacco use on school grounds. We have a ways to go as far as enforcement, but it has made a difference, it's changed their behavior. And actually, Legislator Fields, that's what we're seeing, we're seeing these kids out and, yes, I see the hurting eyes, I see the issues when I look at those students, but I also see them not only on a sunny day standing out in front of 7-Eleven, I see them in the ice cold on the rainy days and they don't look like they are flaunting their cigarette habit to me, they look like they're desperate people addicted to a drug.

The most -- the thing that I've heard most recently that has affected not only youth but adult smokers is the increase in tax this past March. I hear not only in the groups that I conduct, but also in passing, if you are standing next to people purchasing cigarettes, the comments, the adults purchasing cigarettes, of paying \$5, over \$5 for a pack of cigarettes, and the youth in the groups talk about this also, even for that, and we know from studies that youth are price sensitive.

So what I have for you, in addition to the little information about stages of change, I have Task Force for Tobacco-Free Women, Young People Tell How To Help Girls To Be Tobacco-free. And I also have cessation programs. One, an alternative to suspension or that precontemplation type cessation where we try to prepare students to become smoke-free or move into that next stage. And then two smoking cessation manuals, one from the American Lung Association called Not on Tobacco, NOT, and also Tap and Take. I can lend these to you but, as you know, the Health Department is developing cessation programs along with their comprehensive program, we have staff that we need to train them, these are our only manuals right now. So I can lend them to you, I have my name on them, so if you would like them I will leave them here with you.

CHAIRPERSON FIELDS:

I appreciate it, thank you. There were a couple of comments that you made that I -- this doesn't show me in any way, you know, any statistics or any information about youth, this is just about smoking.

MS. HEMENDINGER:

That's about addition and the stages of change that anybody will go through.

CHAIRPERSON FIELDS:

Okay. But it doesn't really pertain directly to youths. And I know that a couple of weeks ago, maybe it's a month ago now, Newsday had an article about teens being addicted.

MS. HEMENDINGER:

And they've done studies at Mayo Clinic and all over the place and they found that the programs that they have for teenagers have a very small compliance and they are unable to stop kids from being addicted, that the rates are between six and 7%. And on the ones that are motivated, they may go up to 10%, but then after a year they seem to go back to smoking. So it's definitely a major problem.

The other point that you made was that you think you are seeing less people smoke because of the prices and the inability to get the cigarettes, but yet all of the statistics that I'm reading and all of the information that I'm pouring over is saying

that we're at historically high levels for youths to be smoking. So --

MS. HEMENDINGER:

If I could respond before I forget.

CHAIRPERSON FIELDS:

Okay.

MS. HEMENDINGER:

Not that they're not smoking, the issue is that they're more likely and more willing to come in and ask for help. These are young people with, as you well can imagine, a host of issues that smoking probably is one of the least important in their lives. When they're not getting fed or some other just daily issues that they're not having met in their family needs, yet these young people are coming to these groups and asking for help to get off their cigarettes. If I didn't state that clearly, I apologize. That's what I'm finding. With the environmental changes that we have had in Suffolk County, it has brought more youth out as well as adults that want help with their nicotine addiction. I'm well aware that this doesn't address statistically, this is a change model, a model of change, and this is what any person changing any behavior goes through in a counseling approach, this is what we need.

As far as the cessation programs, there hasn't been a lot out there that yes, I agree with you, that has statistically shown to be effective. The manuals I have here, this is why I'm very protective of them, these are brand new manuals, evaluated programs from CDC that are just starting. The task force has put resources this past Spring to start training schools, social workers in the cessation manual. These have shown to be effective, I can get you the statistics, I don't have them with me.

CHAIRPERSON FIELDS:

That was in Newsday and it was CDC and it was Mayo Clinic and it was all of the people that I think you're probably referring to, too, and they're saying that they're not being able to reach these kids and have good compliance.

MS. HEMENDINGER:

These are brand new programs. Maryann Zacharia is here and she can address the NOT, because it is an American Lung. But I will get you the research for that so we don't have to debate.

CHAIRPERSON FIELDS:

Okay. I think that part of the problem here is that all of the statistics that we all see are old. And one of the things that I've been discussing is the fact that Suffolk County has all these other rules and all of these other laws and all of these other protective measures in place where other places don't have those.

MS. HEMENDINGER:

Uh-huh.

CHAIRPERSON FIELDS:

And I think that it's going to allow us to be more effective in doing this. And one of the points that you talk about and everyone else is referring to is the cessation portion of this. Cessation -- and this is -- I was saying this is my motto in the County and in society, is that we seem to be reactive all the time instead of proactive and we're addressing it after they become addicted. My measure is let's not have them be addicted, let's not get to the point of where we can't stop them from being addicted or, you know, from smoking, that we can't help them once they are addicted. What I want to see is not have them be addicted at all.

And you're referring to the youth as being angry and hurting and, you know, since I put this together and before I did this, I've spoken to kids, my only 21 year old son is a smoker. Most of the kids that have addressed me and called me and talked to me, they're not hurting and poor and hungry, these are regular, normal kids -- I mean, those kids are normal too -- but they're doing it because it looks cool and because it's the thing to do and it looks acceptable, for the most part. And if you

were to not allow that to happen, the point I'm making is if it's not allowed to be done in public and it's an illegal process they're going to have to hide it, and it's not so cool to hide and smoke, it's cooler to look, you know, older and more effective as an adult because you're smoking a cigarette.

The other point that I just wanted to bring up is that in schools, when you have cheerleaders and football players and baseball players and you prohibit them from smoking, there is a good compliance with those kids; if they want to be on the team they can't smoke, and if they get caught smoking they're not on the team. And there is a reason for that, you're giving these people or these young people a reward and a punishment, you know, if you don't do it you can stay on the team, if you do it you're off.

MS. HEMENDINGER:

To clarify, again, about the youth smoker, somebody who's under age and we're talking about a 13 year old girl who's starting to smoke, a 12 year old girl who's starting to smoke, if you listen to what they're saying, they're starting to smoke because of body image, they think it's going to reduce their weight, stress is another, dealing with the changes, fitting in, being cool.

CHAIRPERSON FIELDS:

Right.

MS. HEMENDINGER:

And all those issues go back to -- so that's what I mean when I'm talking about issues, go back to self-esteem, not feeling good about themselves. And that comes from the home, not getting the support and necessary skills they need from home, and those things we need to work on. I see it from the point that these young people are addicted and we need to deal with that addiction in not a punishment way, as you can see. And that's why I supplied this one model for you, a counseling model, that when you're dealing with people -- and I said this in my last speech to you, is that we need to build them up, not make them feel like they're misfits or they're being punished. And that's when working with the students that I've worked with in cessation, young people are reaching out to us. And I just ask that you give the comprehensive program that we have. You're right, we have all these other another initiatives in Suffolk County thanks to this Legislature has put forward, but we are at the cusp here of putting such a historical program forward. And I'd really encourage you, this Legislature, to give it a chance, to see what we can do with evaluated programs, with the resources, not just one or two people trying to meet the needs of the Suffolk County youth.

CHAIRPERSON FIELDS:

Okay, thanks very much. And I will get those back to you.

MS. HEMENDINGER:

Okay.

CHAIRPERSON FIELDS:

Thank you very much. Lillian Jones.

MS. JONES:

Hello, I'm representing the American Cancer Society. I do not have a prepared speech today. I understand that you had public hearings, that you had quite a lot of testimony from all the health organizations, you've had additional testimony today on all the issues. I will just reiterate just very few points that have already been made.

We do not support this law. We do not feel that there is any proof that this kind of legislation is helpful. I realize that you think that there are some additional statistics that are more modern than our statistics. I would like to say that the American Cancer Society monitors the epidemiological effects for and of cancer, we monitor all the different factors that go into prevention programs and detection programs on a regular basis. And to date, the statistical information does not prove that this kind of law works. We're certainly willing to look at some statistical information that you may have, but at the present time we just do not support that.

I did hear what Mrs. Bradley was saying earlier about your efforts to increase licensing procedures, we think that that's a wonderful idea. In all the information that we've had on the licensing and the ATUPA regulations versus punishing the children for purchasing, if you do do a punishing the children of purchasing law in the same time that you're doing the rest, you really confuse the issues and that's one of the reasons that the American Cancer Society does not support this. We think that --

CHAIRPERSON FIELDS:

Can I just ask --

MS. JONES:

Sure.

CHAIRPERSON FIELDS:

Confuse what issues?

MS. JONES:

You confuse the issues in terms of who's responsible. You know, what you're going to end up with is you're going to have the store owner saying, "It's their fault for buying," and the kids saying, "It's your fault for selling," and you're going to end up with not a clear message.

CHAIRPERSON FIELDS:

Is it not both --

MS. JONES:

Pardon me?

CHAIRPERSON FIELDS:

Is it not both faults?

MS. JONES:

I'm certainly sure that you could do both, but I think you're going to confuse the issues and with limited resources I think strengthening your licensing laws is a much better way to go.

CHAIRPERSON FIELDS:

But does it confuse the issue if someone tries to purchase alcohol and they're minors?

MS. JONES:

You are not -- who -- you know, we feel very strongly that this is a bad law. And we can try to debate it and a lot of the little nuances of it, but the basic bottom line is we do not think this is a good law to pass.

CHAIRPERSON FIELDS:

Okay, thanks. Marianne Zacharia; am I pronouncing that correctly?

MS. ZACHARIA:

Zacharia.

CHAIRPERSON FIELDS:

Zacharia, thank you. Good morning.

MS. ZACHARIA:

Good morning. I represent the American Lung Association. As you know, we are very concerned about this proposal for a youth possession law. We feel that, at this point in time, it certainly is not the way to go. There are many, much more

effective methods to use to prevent kids from starting tobacco, to keep kids off tobacco products.

I do have a couple of papers that I would like to share with you. These are just two pieces of paper that I pulled out to illustrate that this type of law has not proven to be effective. There are laws in 40 states in the United States against youth possession and as we know, the rates of tobacco smoking among our youth has been going up incrementally across the nation. One case in study is in Idaho, and in 1991 they did pass a youth possession law. At that point in time, there were 23% of students smoking cigarettes. In 1996, it's gone up to -- it went up to 27%. So even though they did pass this law, it did not really seem to have any effect as far as smoking prevalence is concerned. And I think you that you could go to a lot of the states and find the same thing because we know that across the nation.

The only states where we did have an effect in reducing the rates of tobacco smoking were the states that have comprehensive education programs in place. Those states such as Massachusetts, California and Florida who used many resources and many different ways to effect the children and to do comprehensive education across the board.

This is the way we feel we need to go. There is a lot of other things that we can be doing that are going to be effective. Blaming the youth we don't think is an effective way to do it, it's going to drain the resources that the Health Department needs in order to do an effective comprehensive education program. It would be a very expensive way to try to get kids not to smoke and we just don't think it's very effective.

(*Legislator Foley entered the meeting at 10:21 A.M.*)

Also in your packet is -- basically it's a letter from Glenn Schneider from the Smoke-Free Tobacco Coalition commenting on Maryland's experience with youth possession laws. And if you will read the letter, basically it says, "Unfortunately, I do not have great news to report of Maryland's experience with under age penalties. The provision in Maryland's law was suggested by the Tobacco Lobby in 1993 when the law was being updated." I think that's a very important point. The tobacco companies support laws like this because it takes the onus off of them, it takes the spotlight off of them and it points it in another direction. They're very happy to blame the kids, it's much easier for them.

"It had the effect of diverting attention from the under age sales problem to the under age possession problem. For example, one year, I think it was 1996, Police wrote over 500 citations to young people for possession of tobacco products and only one citation for illegal sales of tobacco to minors. While possession laws may be a part of the puzzle," okay -- and this is something that's interesting, too. It's like, well, you know what, we're not sure. Maybe later on, after everything is in place, this might be a way we might want to go. But at this point -- What he says is, "While possession laws may be a part of the puzzle to reduce youth smoking, they should not be considered in our opinion until after you have a long running and successful program to reduce the illegal sales of tobacco to minor. FYI, Police still write more citations to youth for possession than they do to merchants for illegal sales. The under age possession law in Maryland has had no effect on teen smoking whatsoever." "Also, research has shown that there are more effective ways to reduce teen smoking, raising the price of tobacco is the single, most effective way," which thankfully we do have now in New York State. Raising it more would even be more effective. "I hope this helps."

So this is just one case in point and I think important to notice that the tobacco companies are in support of this type of a law because it really doesn't do much as far as lowering the numbers of kids that are smoking, but it does take the onus off of them. So we're very concerned about that and we have many, much more effective ways. The \$6 million that the Legislature has so wisely given to the Suffolk County Health Department which will be used to develop comprehensive education programs and cessation programs and mass media campaigns which are known to be effective. Let's give their plan a chance to work before we drain the funds to do enforcement. And I don't know how you're really planning on doing this enforcement, to me the task is huge to be able to enforce this kind of a law. I just don't think it's time for it right now. I think we need to really develop our comprehensive education program and go that way.

CHAIRPERSON FIELDS:

Thank you. One of the comments you made was that where it works, where the statistics are lower that kids are smoking.

MS. ZACHARIA:

Yes.

CHAIRPERSON FIELDS:

And that when the laws are effective is when all of these things are in place, education and the laws.

MS. ZACHARIA:

Well --

CHAIRPERSON FIELDS:

So I think it could be interpreted either way. You know, I could say the same sentence that you're saying and put a little more emphasis on one word; where you say may, I can say, "Well, well it."

MS. ZACHARIA:

May, and I think that the Journal of the American Medical Association Report that you have commented on also says may, it doesn't say it does. Because at the same time in Woodbridge, Illinois, that they implemented the youth possession law, they also did a tremendous education program community wide and they also tightened the laws --

CHAIRPERSON FIELDS:

So perhaps both work.

MS. ZACHARIA:

Well, perhaps --

CHAIRPERSON FIELDS:

When I spoke to Woodbridge, Illinois, they told me that --

MS. ZACHARIA:

How can you separate them?

CHAIRPERSON FIELDS:

Maybe you don't have to.

MS. ZACHARIA:

Well, here's the problem.

CHAIRPERSON FIELDS:

Maybe you don't have to, maybe we do need both.

MS. ZACHARIA:

In Idaho they didn't have a comprehensive education program and they did pass the law and we didn't see any results from it. In Woodbridge, Illinois, they passed other laws as well and they're still in effect.

CHAIRPERSON FIELDS:

Do they have the ban on smoking in public places in those states?

MS. ZACHARIA:

I don't really know what their laws were there.

CHAIRPERSON FIELDS:

That's my point. I think that in Suffolk County we have a lot of these things that I think will make an effective change. We

have a ban on public smoking, you know, in restaurants, we have education, we have all of the components. And my point is that I think the one thing that's missing is the fact that when kids do get hold of cigarettes they are allowed to smoke, and we haven't yet been able to address that.

LEG. CARACAPPA:

Madam Chair?

MS. ZACHARIA:

I think we've made a very good start here in Suffolk County. We are very fortunate, we do have wonderful laws here as far as public places are concerned, I think that we could go forward in this issue. I just feel that now that the Health Department has the \$6 million and they are ready to go with a comprehensive education program, we need to give that a chance to work. The amount of money that the tobacco company spends trying to get kids to start smoking every single day is enormous. We have never had any funds in order to fight that effectively. We now have a little bit of money in order to help to fight that and I think we need to give some of these other proven programs time to work. That's all I can say. I just think that that's the way to go, at this point in time, and I don't think we need to point the finger at the youth.

CHAIRPERSON FIELDS:

I don't think that my intent is not to point the finger at youth, my intent is to stop them from being addicted. Legislator Caracappa.

LEG. CARACAPPA:

Thank you. You mentioned laws on the books similar to what you're trying to pass here in both Idaho, I believe you mentioned, and Illinois. My question is what was the population in those municipalities, in those jurisdictions; you have any idea?

CHAIRPERSON FIELDS:

I think they were small populated areas. I don't know about Idaho, Woodbridge, Illinois, is a small population.

LEG. CARACAPPA:

I see it small populations, couple of thousand people, this law would be ideal. Because you have one strip of area where kids hang out and there isn't -- you know, everyone knows each other's names, basically, and you can see if they're smoking. In a mass suburbia such as Suffolk County, it's not quite the same. And I think it's almost impossible at this point with the population we have and the resources we have available to enact such a law, which I do believe is a good law if we had the resources and the population wasn't so widespread and diverse, that it could work. But at this point in time, I can't make the correlation between a small town or small County with a couple of thousand population to Suffolk County with a million five and with more kids in the County on any given day growing and growing, I just -- I don't see the correlation between Idaho and Suffolk County.

CHAIRPERSON FIELDS:

How would you address the fact that when kids do get hold of tobacco, they are allowed to smoke?

LEG. CARACAPPA:

Well, I -- in listening to the debate, I bring myself back a month or two to our debate about the booting bill. The -- and bear with me here for a second as I make the distinct similarities to them. The defense for the booting bill, for those who want to vote against it, was that let's fix what we have, we can't be going into a very controversial, new type of enforcement issue before we work on things that are proven to work and the way they should work; I think that holds true here as well. Let's work on the programs that the women have been speaking about, what Dr. Bradley speaks about, and make those work as best as they can, fine tune what we have. We're doing that in regards to tobacco money, the programs we're initiating with the tobacco money. I think we should work on those programs first, try and fine tune that, the licensing program as well.

I know Legislator Caracciolo at the last Health meeting talked about ability or inability to increase or levy a local tax on tobacco, which obviously has worked in Maryland. By raising the price of tobacco, it seems to deter youths and other

people from buying cigarettes. I know, I have many friends now, adults who are 40 year smokers who are giving it up recently because they just can't afford it anymore. It's things such as this that I think we need to focus on before we go to what I believe is legislation that is well intended that could work eventually, but now I think we need to focus on the efforts that we've been trying to get to hundred percent now.

LEG. FOLEY:

Madam Chair?

CHAIRPERSON FIELDS:

Legislator Foley.

LEG. FOLEY:

Yeah, thank you. Whether we move the resolution out today or even if it's tabled for another cycle, I think what bears repeating is the fact that many of us who will be supporting this bill, either in its present form or in an amended version, is the need to have an all out assault, if you will, on the dangers of tobacco and particularly with our youth. Education is of prime importance, and I think everyone agrees with that. But if we can have-in-glove approach where this will also be part and parcel of an overall strategy, this will not be the major component of the strategy, but I think this does and will help be part of an important part of the overall strategy to try to, first of all, prevent kids from smoking and also to educate the kids, highlight to the kids the need that there's dangers once one starts smoking.

I would also say that with the booting bill, and it's in apt comparison, but the way that I would approach the comparison with the booting bill is the reason that some of us voted against that was we felt that there would be a number of people who would be wrongfully booted because the personnel weren't there to make sure that mistakes weren't made. In this case, what we're trying to do is to make sure that kids who are smoking publicly have to know that there is -- and also to the stores and others that may have tried to purchase them from or have an adult purchase it and then they walk outside to give it to kids, that there is a, let's say, not a penalty to pay, but that there is -- they have responsibility and accountability for their actions in the public. And so it would have that kind of educational component to it as well, that they have to take responsibility for their particular actions.

MS. ZACHARIA:

Can I ask a question?

LEG. FOLEY:

When I'm finished you can.

MS. ZACHARIA:

Okay.

LEG. FOLEY:

So the approach that I would say is that this is part and parcel of an overall strategy to try to prevent youths from smoking and also to give them a sense of public responsibility that they need to have when they are out in the public as to the dos and don'ts. You're not supposed to have an open alcoholic beverage in public, that goes both for adults and for youth, so the same should be held in this particular instance as well.

LEG. CARACAPPA:

Madam Chair, if I could just respond. Just to clarify my comments in relating the debate of the booting bill to this, in no way, shape or form am I doing it in a fashion to chastise those who were pro or con on that bill.

LEG. FOLEY:

No, I know, I am not saying that.

LEG. CARACAPPA:

It was just my attempt to draw similarities to the debate and similarities to the penalties and the consequences and the aspects of the bills that were similar in regards to the debate.

LEG. FOLEY:

Go ahead.

MS. ZACHARIA:

My question is how much money do you think it will cost to enforce a law such as this and where would those funds be coming from?

LEG. FOLEY:

Well, that's part and parcel of the whole committee process. That's one of the reasons why we put bills forward like this, so that the intent is not only an admirable intent, but it's a pragmatic attempt to have it as part of the overall strategy. So part of the purpose of going through the exercise of putting bills in committee is to elicit this kind of reaction and response from the informed public so that the sponsors of the bill can come up with an even better bill before it is eventually -- and I hope, Madam Chair, that it will eventually be passed. So it's a good question, what are the costs involved in it, should it be the Sanitarians who will be issuing ticket, should it be someone else? I think that has to -- that has to and is being explored through this committee process, and I think the end result will be a better bill than was originally introduced. But the fact of the matter is we wouldn't be here if the bill wasn't introduced to begin with. So it's an excellent question, it's one that will have to be, you know, not only discussed, but the funds will have to be found to follow up with the enforcement.

Now, coupled with that, the interesting part as far as this year is concerned, the \$6 million as allocated, we're not going to even spend close to that this year, you know, for tobacco related purposes. So whether it's going to be discussed in connection with this bill or in an overall sense is what's going to happen with those monies that we've allocated this year for tobacco but it won't be spent for tobacco, what's going to happen with those monies? Are we going to roll it over into next year, can we use it for some other purpose, is the Executive Branch going to go forward with allocating those dollars without coming to us with a resolution? So, you know, it's a good point that you raise and --

MS. ZACHARIA:

I'm just concerned that it would drain some of the resources for a program that has been proven to be effective, which is comprehensive education, and spent on something that seems to be like a huge problem as far as enforcement is concerned.

LEG. FOLEY:

It's a point well taken. I think all of us are coming from the perspective that we will never short change the educational component of this strategy, but that the educational component alone is not -- isn't enough to combat this problem.

CHAIRPERSON FIELDS:

Thank you. I don't have any desire to stop the education, I have no desire to lessen the enforcement or the ATUPA or the stings; in fact, I would like to see those enforced even more. This is an issue for me where I absolutely, under no circumstances, want to see kids start smoking.

MS. ZACHARIA:

Nor do we.

CHAIRPERSON FIELDS:

Right.

MS. ZACHARIA:

And unfortunately, by the time you catch them smoking they're addicted, it's too late.

CHAIRPERSON FIELDS:

Not always, not always.

MS. ZACHARIA:

Most of the time.

CHAIRPERSON FIELDS:

That could be. And I think that if we can help --

MS. ZACHARIA:

We do need to help.

CHAIRPERSON FIELDS:

Absolutely. And I worked in pulmonary medicine for 10 years, every single day, and I saw cases and cases and cases. So this is not inexperience that I'm speaking from and it's not that I'm not educated about the problem. I worked in the medical field for 37 years, 10 of which were spent in pulmonary medicine. My father died when I was 16 of Emphysema, so I am extremely aware of the addiction and prevention and what happens before and what happens after. I feel very strongly about all of the things that we're doing and I want to see us increase them to the point of where we make it very difficult for someone ever to begin smoking. And that's my intent, clearly my intent. Thank you.

MS. ZACHARIA:

Okay, thank you.

LEG. FOLEY:

Thank you.

CHAIRPERSON FIELDS:

Dr. Packard.

DR. PACKARD:

Hello. Good morning, everybody.

CHAIRPERSON FIELDS:

Good morning.

DR. PACKARD:

It's always nice to come and see that everybody continues to work on this. I have to read something that I was reading while I was listening at the same time. Are people in here familiar with Thomas Freidman; who here reads Thomas Freidman?

LEG. FOLEY:

The times?

DR. PACKARD:

Yes.

LEG. FOLEY:

Yeah, the globalist, the anti-union fanatic?

DR. PACKARD:

Okay. Who has read From Beirut to Jerusalem, his book; anybody?

LEG. FOLEY:

We're not as well read as we look.

DR. PACKARD:

Well, you're well read, I just read weird things. I want to read something to you. "This is Cary Wagner, age 44, who has two brothers and they own a 4,200 acre farm in the heart of Minnesota's Red River Valley. And in the 1990's, Cary could see what was happening to his farm business, either you got big or you were going out of business. So in 1994, he started working with a programmer to use a sensor on his tractor and GPS Satellite System to see if he could actually get a position at all times on his farm of how the wheat was being produced. Much to his surprise, he found out that all of the yield, even though when he looked at the field looked like everything was yielding the same amount of wheat, that in fact some parts of the field were \$150 an acre more profitable than others, despite the fact that when he looked at it, it all looked the same. In essence, what this came down to is that he used technology to gain information from a centralized pool that was based on averages for the region of the average farmer and they were now able to tailor everything that they did to their farm." What I'm saying is they had data, they had information that they were able to glean so that they knew what to do. I have heard and read extensively on this and there is some data, but not enough.

I would like to share with you a study that we now have compiled from the 7th grade at Huntington Middle School. A hundred and forty-four children went through a computer based -- now, we got this data on Friday, so it's timely -- 144 children went through a computer based, education module on tobacco prevention. And we asked certain questions such as what grade are you in, do you use tobacco, does anyone in your family use tobacco, know anyone who's had a tobacco related illness, what are the pressures, what do you like to do, etcetera. I just want to share with you some very specific response on the basis of this data. For example, how many people in the 7th grade do you think are over 13?

LEG. CARACAPPA:

Percentage wise?

DR. PACKARD:

Yeah.

LEG. CARACAPPA:

Over 13, 7th grade?

DR. PACKARD:

Yeah.

LEG. CARACAPPA:

Two percent.

DR. PACKARD:

Fourteen percent, okay? What do you think the ethnic makeup of the 7th grade in the Huntington School District is; how many white?

LEG. CARACAPPA:

Sixty-five percent.

DR. PACKARD:

Fifty-one. How many black?

LEG. FOLEY:

Thirty-five.

DR. PACKARD:

Nine. How many Hispanic? Thirty-one. This is my point. We need to develop educational materials that collect data in local communities so that our educational efforts can be applied and customized to the community.

Let me just go on. How many kids in the 7th grade in Huntington school district do you think are using tobacco? Fourteen percent.

LEG. CARACAPPA:

Fourteen? That's good.

DR. PACKARD:

Of that, how many are using chewing tobacco, snuff, cigars and cigarettes? I'll answer, it's a hundred percent cigarettes. Now, the point is that would mean that you wouldn't really need to educate them on snuff. But if you go to Kentucky and it's 40% of snuff, you're going to need to tailor your education system there. How many people do you think have a family member in their house using tobacco?

LEG. FOLEY:

Of those who smoke or just --

DR. PACKARD:

No, no. Does any-- this is a broad question; does anyone in your family use tobacco?

CHAIRPERSON FIELDS:

Forty percent?

LEG. CRECCA:

Forty percent, yeah.

DR. PACKARD:

Forty-eight, 48%. Guys, we need to tailor our education to the families, that's where the education has to go. If we're going to make a difference -- now, let me go on, okay. We got this data on Friday; we're very excited about it, as you can tell. But then again, I'm a very excitable guy.

LEG. FOLEY:

You have extra copies of that?

DR. PACKARD:

Know of anyone in your family who has had a tobacco related illness? Ten percent of the kids in 7th grade are saying yes, 75% of that is cancer. Have you felt any pressure or influence to make or use tobacco? Twenty percent are saying yes. What's the influence? Thirty-three percent is advertising, 13% is friends, and then we're clear about what other things mean, I don't know what that means; we don't know that yet, we have to look at that. What helps you resist using tobacco? The question is has anything helped you resist using tobacco? The answer is yes 64%, no 36%. Now, we have a big end number here, this is 144 kids; unsolicited, computer-based, no pre-bias, nobody is there talking to the kids. The kids come in, they sit down at a computer-based educational module, they sit there -- and by the way, the teachers responses are, overwhelming, this is the best thing that we've ever had for education in this regard. That kids love it, and I can show you that 90% of them love doing it.

LEG. CRECCA:

Madam Chair?

DR. PACKARD:

But I want to get back to you. What's the pressure, okay? Sixty-four percent of kids who say that somebody has helped me not smoke; 43%, the family doesn't want me to use it; 14%, most of the kids I'm with don't use it; 22%, getting the facts from health class. The point is we've got to get to the families. If half of the families are smoking and then the kids are telling you that the most important thing in their lives that's keeping them from smoking is what's being said at home, that's how we have to customize our education, that's where the comprehensive program has to go. Not only do we have to give

the kids the information, but we've got to have a comprehensive program that gets to the families, that gets to the PTA, that gets to the schools so that they have data like this that comes back to them and they can say, "Whoa," -- and here's one for you, one more, because I love this one. What kinds of things do you like to do? Seventy-seven percent play sports. Now, I go back to many years ago when coaches were Gods and what they said is what happened. If we smoked when I was growing up and I played this sport, it was very simple, you were kicked off the team; no ands, ifs or buts, no appeal, no second chances, you were off the team.

Now, the point is I'm not advocating that we kick people off teams, but what I'm saying is if you know 77% of them like to smoke and you know that 50% of them are saying or 60% of them are saying the most important information they get is at home, somehow let's tie their desire to play sports with their home and the smoking at home and let's develop our comprehensive program and let's customize it to the community. That's what you were talking about. We have a mega County. Now, I'm for anything that keeps kids from getting addicted. I happen to believe, because the data shows that even four cigarettes can addict somebody, that by the time you see them standing out at the 7-Eleven smoking, I think they're already addicted.

So my point today is that we need to customize our education, collect data so that we can actually make some sense out of all this. And I will applaud your leaders in the Commissioner of Health Department because they've been doing a wonderful job of collecting data and actually making some sense out of this.

LEG. CARACAPPA:

Madam Chair?

LEG. CRECCA:

Actually --

DR. PACKARD:

And deal with it that way.

LEG. CRECCA:

Before Joe speaks; Joe, if you wouldn't mind an interruption. I do have to leave, as I told you earlier, for a prior commitment. **I just want to for the record ask that my votes be recorded with the majority today, with today's votes.**

CHAIRPERSON FIELDS:

We're going to table it.

LEG. CRECCA:

You are, okay. And actually, I'm told by Madam Chair that there will probably be a motion to table the smoking bill, I would join in that motion so we can further address this issue. And the only other thing I would ask is that on 1523, that's mine, it's prime in Budget anyway, I would be making a motion to approve, so if it's tabled I will join in the table motion, but if someone makes the motion to approve, please record my vote in the affirmative. Thank you very much, and I apologize I have to leave.

CHAIRPERSON FIELDS:

Thank you. Legislator Caracappa.

LEG. CARACAPPA:

Thank you, Madam Chair. I find your testimony exciting as well and I thank you for bringing those numbers and those true facts to us, and hopefully we can get copies of that as a committee. And I hope you do more of it in other school districts and I'm sure that will take place. I'd like to see it actually done maybe a year or two ahead where I think the peer pressure becomes most severe and where kids are smoking more or not smoking more and for more direct reasons.

You say about education in the household, I grew up with two parents that smoked; in fact, smoking was part of the reason

why mother passed away. And that was probably the main reason why I didn't smoke, because I couldn't take it; not to mention I tried it once, I threw up in the bushes and that was the end of that. But the fact remains that many of my friends growing up who had parents smoking around them couldn't stand it. And I'm sure, Ginny, you went through it seeing what your father went through and just the smell of it --

CHAIRPERSON FIELDS:

Can I just interrupt?

LEG. CARACAPPA:

Sure.

CHAIRPERSON FIELDS:

I did smoke, believe it or not. My father died at 16, but when I was -- and I stayed away from smoking until I was 21 and my best friend introduced me to it, I smoked for a year, but then I realized.

LEG. CARACAPPA:

And that's odd that at 21 you started.

CHAIRPERSON FIELDS:

It was temporary insanity, I believe.

LEG. CARACAPPA:

Yeah, right.

DR. PACKARD:

We all suffer, we all suffer from that, that's for sure. I remember many a trip in my car with the windows rolled up and my mother smoking and thinking, "I'm going to throw up."

LEG. CARACAPPA:

Absolutely.

DR. PACKARD:

"This is the worst thing," and I agree with that.

CHAIRPERSON FIELDS:

Can I just make one statement?

DR. PACKARD:

Yeah.

CHAIRPERSON FIELDS:

That statistically, what I learned in my ten years of pulmonary medicine, statistically children of parents who smoke -- in other words, when a family member smokes in the household -- statistically the children smoke.

DR. PACKARD:

Uh-huh; that is actually true. I do want to share one --

LEG. CARACAPPA:

That was the question I was thinking, too.

DR. PACKARD:

-- number with you about why household. As we've gone on with --

LEG. CARACAPPA:

That was my question.

DR. PACKARD:

As we've gone on from the concept of just developing an interactive computer module to teach and actually be able to test, and this all started when we were dealing with asthmatics and hypertension, that we then decided to do it in smoking.

One of the things that we have started to look at is if 50% of them are smoking in the house, what's going on there? And the Wall Street Journal last week, \$457 million last year was spent on magazines. And if you look at this, most of the kids are telling you that they're getting their advertising from the magazines. So one thing that we really can do is -- and I think out of this data, it's going to really allow us to do it -- and that is to really develop the concept of teaching kids to go home and look at magazines and become aware of what the ads are in there and try and teach their parents that they're actually advertising cigarettes to the kids if they have those magazines in the household.

And when I became really aware of this was when I was told that I was advertising this in my office and I said, "What do you mean I'm advertising cigarettes to my patients," I don't believe them. They said, "What magazines do you have in your office that you're having your people read," and I hadn't paid any attention to it and I started picking up the magazines and was really appalled. There are certain ones that all the kids are reading, even if they're saying that they only are allowing it for over 18 year olds; the bottom line is kids of reading Glamour Magazine, they're reading Vogue, they're reading Cosmopolitan, they're reading Sports Illustrated. Take a look at Sports Illustrated sometime, you'll be just appalled at the amount of chewing tobacco and chaw that they -- I do have to tell a funny story, though, I always have a funny story.

We decided that what we were going to do, as we became more sophisticated in this, is develop this sense, this character that you all learn about called Hexnator. And Hexnator is a bad character and Hexnator represents the tobacco industry, and Hexnator is -- so we want "Who is Hexnator, where is Hexnator, what is Hexnator?" So I decided on my own that I was going to go into one of the local magazines stores in Penn Station after a meeting and I was going to buy up about 50 different magazines and I was going to bring them all back to the office. We were going to go through all these magazines and see just exactly what the ads were, see if we could make some sense out of it. So of course I spent about a hundred bucks and I bought all these magazines and I brought them back. Well, of course I brought back Penthouse and Playboy because there are all these ads in them.

LEG. CARACAPPA:

Yeah, yeah, yeah.

DR. PACKARD:

Well, little did I know, little did I know that --

CHAIRPERSON FIELDS:

Can I interrupt? Usually they say it's because of the articles.

DR. PACKARD:

Well, before I ever got a chance --

LEG. CARACAPPA:

I'm going to try that excuse when I go in and buy it, too. Instead of putting it between Life and like Better Homes and Gardens, I'll say I'm there for the ads.

DR. PACKARD:

I never did get a chance to find a tobacco ad in that because the women in the office picked it up and started to scream, "This is the most disgusting thing I've ever seen," and I said, "Where are the tobacco ads?"

LEG. CARACAPPA:

Nice try, Doc.

DR. PACKARD:

I tried.

LEG. CARACAPPA:

I just wanted to go back to what I was saying before. The question that in my rambling was actually answered by Chairman Fields whereas most kids who come from smoking households tend to smoke themselves; was that question asked?

DR. PACKARD:

One thing -- couple of things. We don't ask any personal questions, we're very careful about that, we only collect information in the aggregate. We are now looking at these. That's precisely the kind of thing I'm going to ask Dr. Bradley; what do you want to know, what does Dr. Bradley want to know? What's so exciting about this is the teachers liked it and the kids liked it, now Dr. Bradley and her team can tell us what they want to know with your Health Committee, we can put that in there and find out. I mean, we just kind of threw in the question about what do you like to do? I said, "Oh, just throw one in, see what happens." And we get this response back that 77 -- I almost fell off my chair, I said, "Seventy-seven percent of them are saying their favorite thing to do is play sports?" If I'm an Athletic Director and I'm the Principal of that school, you better believe you better have a budget that puts -- now, I don't know if that's true in the inner city, we're going to find that out.

That's the exciting part, we can customize the questions and the data. So no, we didn't ask that. Would I like to know it? Yes, because my own theory is, and I suspect Dr. Bradley has the same theory, I think that what happens is that these receptors in your brain for nicotine are either there or they're not. And that if you inherited them, you have the tendency to become addicted just like you have other diseases if you're born with these receptors.

If you're in a household where there's a lot of secondhand smoke, I suspect that that drives the craving even though you don't know it. That's my own personal suspicion as a physician. And therefore, I think secondhand smoke is actually more dangerous than we think it is. I think secondhand smoke probably has some chemical reaction. If you are absorbing enough of it to give you lung disease, heart disease and affect babies, clearly you have to be absorbing enough of it, it's getting to your brain, it's causing a chemical reaction.

One of the things that I -- I don't like -- look, I don't like any laws. I mean, frankly, I'm no different than anybody else. I think we have a zillion laws and I'd like to get rid of them all and I'd like to do whatever the hell I want to do. But the reality of it is we can't do that. This disease of addiction is so bad that anything you do to prevent the cigarettes from getting into people's hands would be worth while. But what I'm saying is we have a chance to take stuff like this, and I'm sure other people are developing it as well, put it in, get the data, ask the questions; let's make some sense out of this. And then we can say whoa, here these kids are answering it like this, these kids are answering it like this, this is the information we're getting, let's do this. This year let's take this and let's have a whole campaign to get the parents involved. I mean, that's the kinds of stuff I think we can do.

And the reason I read that article to you is that health care is the last part of the world that has not endorsed the information technology era. It's only just now starting. If you look at your business that you run or you look at your government that you run or you look at anything, it's all information, it's all technology. Dr. Bradley and I will tell you, most doctor's offices aren't prepared for this, we have been way behind in our use of technology. And I didn't frankly want it, I didn't really want anybody to look and see what I was doing in my office, to be honest, why would I want people any more than teachers want it? But the technology revolution is now here and we can't escape it, we have to use it and we have to use it in a positive way that we can make some sense of what we're doing. That's my message.

LEG. CARACAPPA:

One last question about the data. When you asked the question, was it a multiple choice answer or were the kids able to just type in what they wanted?

DR. PACKARD:

No. They have certain choices and then there's an "other". What I read to you is the demographic data. We also do a pretest of knowledge and then a post test of knowledge so that we can look at statistical analysis. Now, I can't tell you whether it works, that's going to take years. I mean, we're going to need years of information to see that we're cutting from 27% to 25 to 22 to 17, where is it going to settle out? All I can tell you is that we can collect data and we can tell you that the kids and the teachers like this. Will it make a difference? I think all of this is going to make a very big difference. I think we are on the attack. I'd be scared to death if I was the tobacco industry right now because I think they're going to be really -- I think the next major thing are going to be laws that are going to limit this. Thirty percent more was spent on ads in magazines in '99 than in '98. You've got to see the ads, we'll show them to you. Just start looking, you cannot believe how good these ads are.

LEG. FOLEY:

Oh yeah, the advertising lines.

DR. PACKARD:

I mean, have you seen the Salem ad with the tatoos? These are six and eight page ads, guys, I mean, these aren't little subtle ads. And look at where they are in the magazines. When you thumb through a magazine, notice how your hand always stops at a certain spot in the magazine; that's where their ads are. And the ads are also always next to alcohol.

LEG. FOLEY:

It's true.

DR. PACKARD:

So we have a lot of work to do. But for the first time, we have some armor. And if we can use the assets that you have and the knowledge that your Health Commissioner has, and hopefully some people like us and others help develop some of this new technology, I think we have a chance of actually really making a difference. And again, I just want to applaud everybody for everything that everybody does in this. This addiction is a very difficult disease to treat, hopefully we can do some things with that as well. But anything you do to help prevent and treat, you get my applause, it's hard to do.

LEG. CARACAPPA:

Thanks, Doctor.

CHAIRPERSON FIELDS:

Thank you very much.

LEG. FOLEY:

Thank you.

CHAIRPERSON FIELDS:

Okay, we'll begin the agenda.

Tabled Resolutions

IR 1081-00 (P) - Adopting Local Law No. 2000, a Local Law to establish Animal Rights Advocacy Policy (Fisher).

LEG. CARACAPPA:

I will make a motion to table this.

LEG. FOLEY:

I will second the motion.

CHAIRPERSON FIELDS:

Motion by Legislator Caracappa, seconded by Legislator Foley. All in favor? Opposed? **Tabled (Vote: 5-0-0-0).**

IR 1425-00 (P) - Adopting Local Law No. 2000, a Local Law to ban purchase of tobacco products by minors in

Suffolk County (Fields). I'll make a motion to table.

LEG. FOLEY:

Second.

CHAIRPERSON FIELDS:

Seconded by Legislator Foley. All in favor? Opposed? **Tabled (Vote: 5-0-0-0).**

IR 1431-00 - Adopting Local Law No. 2000, a Charter Law formalizing notification procedures for Suffolk County Spraying and pesticide application (Binder).

LEG. CARACAPPA:

That was --

MR. SABATINO:

That was adopted by a CN.

LEG. CARACAPPA:

Well, not a CN.

MR. SABATINO:

I'm sorry, by discharge. **It was discharged on the floor and adopted at the last meeting, sorry.**

CHAIRPERSON FIELDS:

Okay. **1432-00 - Authorizing the extension of a lease known as Coram Health Center located at 3600 Route 112, Coram, New York, for the Suffolk County Department of Health Services and the Suffolk County Department of Social Services (County Executive).**

LEG. CARACAPPA:

Motion to approve.

LEG. FOLEY:

Ways and Means.

LEG. CARACAPPA:

Excuse me, Madam Chair.

LEG. FOLEY:

We deferred to prime on this.

LEG. CARACAPPA:

No, last time I had made a motion to defer to prime and you didn't want to. I know it was discharged without recommendation out of Ways and Means after a lengthy discussion on the Coram Health Center, I know Legislator Foley was able to ask a whole host of questions on the issue. And what I would do or like to do is make that same motion to discharge without recommendation as was recommended in the Ways and Means Committee.

CHAIRPERSON FIELDS:

I will second that. All in favor? Opposed? **Discharged without recommendation (Vote: 5-0-0-0).**

IR 1451-00 (P) - Directing the County Department of Public Works to test pesticide alternatives to control adult mosquito population (Cooper).

LEG. CARACAPPA:

Motion to table.

CHAIRPERSON FIELDS:

Motion to table. Do we have a second?

LEG. FOLEY:

We have a second; second the motion to table.

CHAIRPERSON FIELDS:

Legislator Foley seconds. All in favor? Opposed? **Tabled (Vote: 5-0-0-0).**

Introductory Resolutions

IR 1475-00 - Amending the Adopted 2000 Operating Budget transferring funds to EMS in connection with University Hospital at Stony Brook (Bishop).

LEG. CARACAPPA:

Madam Chair, I would like to make a recommendation and a motion that we discharge all the Budget Committee resolutions to the budget -- defer them to that committee.

LEG. FOLEY:

Second.

LEG. CARACAPPA:

75, 77, 83 and 23.

LEG. FOLEY:

Defer to prime.

CHAIRPERSON FIELDS:

Wait a minute. I want to table one of these.

LEG. FOLEY:

Motion to defer to prime on 1475.

CHAIRPERSON FIELDS:

Let's do one at a time, I think, okay?

LEG. FOLEY:

Sure.

CHAIRPERSON FIELDS:

Okay. Actually, which ones did you say?

LEG. CARACAPPA:

All the ones in Budget, 75, 77, 83 and 23, which I believe they were all tabled in Budget.

CHAIRPERSON FIELDS:

Okay, then I will second that. All in favor? Opposed? Tabled.

LEG. FOLEY:

Deferred.

CHAIRPERSON FIELDS:

Deferred to Budget Committee (Vote: 5-0-0-0).

IR 1477-00 - Amending the Adopted 2000 Operating Budget transferring funds in connection with Suffolk Youth Partnership for Health (Bishop). Deferred to Budget Committee (Vote: 5-0-0-0).

IR 1483-00 - Amending the Adopted 2000 Operating Budget to provide funds for South Fork Health Initiative (Guldi). Deferred to Budget Committee (Vote: 5-0-0-0).

IR 1523-00 - Amending the Adopted 2000 Operating Budget and appropriating funds to protect high school athletes in Suffolk County (Crecca). Deferred to Budget Committee (Vote: 5-0-0-0).

So we leave off at -- 1529 was withdrawn; is that correct?

LEG. FOLEY:

We're at 1546.

MR. SABATINO:

1529 was withdrawn, yes.

CHAIRPERSON FIELDS:

1529 was withdrawn, okay.

1546-00 (P) - Authorizing the approval for Suffolk Health Plan to pay membership dues for the participation in an organized Managed Care Association (County Executive).

LEG. FOLEY:

Motion.

CHAIRPERSON FIELDS:

Can I ask on that motion, 1546; Counsel, could you explain that one to us?

LEG. FOLEY:

Why don't we have the Commissioner?

CHAIRPERSON FIELDS:

Commissioner Bradley?

MR. SABATINO:

Well, the department wants to participate as a member of the Health Plan Association to help them shape policy on the State, I think the fee is going to be \$23,900, because it's more than \$1,000, that requires approval. But this is the kind of organization I think that does a lot of medical and it really helps to get information in terms of how Managed Care works.

CHAIRPERSON FIELDS:

I just have a question, \$23,900 to join this, and I wanted to maybe ask Dr. Bradley if we've ever been a member of this group prior to this, do we have a background of who is and what they've gotten out of it, and what will we get out of this and, you know, just some information, back up information.

COMMISSIONER BRADLEY:

Just let me back up a little bit. When we went into Managed Care for our Medicaid and for uninsured children through Child Health Plus, we had experience in terms of providing care, in terms of providing primary care and even in-patient care. What we didn't have experience was with rates, working with large provider groups, stop-loss coverage in terms of --

there's a provision within the State that if you go over a certain amount in terms of your cost, the State will reimburse you, but you have to go out and buy stop-loss coverage, you can either do it through the State or do it through a private organization. It's that type of stuff that we don't have experience with.

The makeup of this organization is other Managed Care companies, whether they're HMO's or whether they're PHSP's which is what we are, a plan that's just there to provide for the uninsured. And it's grown from in 1995 when we had no patients to now we have 15,000 patients in our plan and we will grow significantly when we go mandatory which is in the works and should happen, if it doesn't happen the end of this year it will happen next year, and when we go into Family Health Plus. So we could potentially have 40, 50,000 patients in our Managed Care Plan. And the 20,000 may seem like a lot, but in terms of what we could get back, in terms of learning how to do things smarter in terms of finances and even programs, I think we'll benefit significantly.

CHAIRPERSON FIELDS:

Okay. I just wanted to before -- I thought it might be something good like that, but I just -- okay.

LEG. FOLEY:

Motion.

LEG. CARACAPPA:

Second.

CHAIRPERSON FIELDS:

Motion by legislator Foley, second by Legislator Caracappa. All in favor? Opposed? **Approved (Vote: 5-0-0-0).**

1550-00 (P) - Appropriating funds in connection with the purchase of equipment for Health Centers (CP 4055) (County Executive).

LEG. FOLEY:

Motion.

CHAIRPERSON FIELDS:

I have a question on this. This is, according to the capital -- Proposed Capital Program Review of the budget, there is in the Summary of Recommendations, "The Legislature should not adopt IR 1550, appropriating \$780,276 in health center equipment until adequate justification for the equipment to be purchased is provided. The resolution includes 45,000 to purchase medical records shelving which we believe should be purchased with operating funds. The resolution should be amended to remove this funding. I'm going to make a motion, then, to table this and also on --

LEG. FOLEY:

Pursuant to those recommended changes?

CHAIRPERSON FIELDS:

Right, uh-huh. And it also says, "The Health Department should present the Legislature's Health Committee with the operating and programmatic impacts of expanding the Central Islip satellite to a full service health center before expansion equipment is purchased." This question came up yesterday in a meeting, something about Central Islip; we're expanding the Central Islip --

COMMISSIONER BRADLEY:

We're in the process of planning to do that, we haven't put anything into place yet. It's a very overcrowded facility, it's standing room only, people wait because we don't have adequate room space. It had started out originally as a small satellite in CI.

CHAIRPERSON FIELDS:

Uh-huh.

COMMISSIONER BRADLEY:

With some primary care money from the State, some grant funds, we expanded it to more of a health center type. It's now -- the physical plant is inadequate to meet the need. We can't expand on site, so we have been exploring looking to see if there are alternative places to relocate the health center.

CHAIRPERSON FIELDS:

Okay. So I'll make a motion to table this.

LEG. FOLEY:

I will second motion to table.

LEG. CARACAPPA:

What was the total for everything?

LEG. FOLEY:

Seven eighty-two.

LEG. CARACAPPA:

Seven hundred and eighty-two thousand dollars?

LEG. FOLEY:

Right.

LEG. CARACAPPA:

And --

CHAIRPERSON FIELDS:

Seven hundred and eighty thousand, two hundred and seventy-six.

LEG. CARACAPPA:

Okay. And the \$40,000 expenditure for the records --

CHAIRPERSON FIELDS:

Forty-five thousand is for medical records shelving.

LEG. CARACAPPA:

Is that the smallest appropriation for equipment or does it get smaller in regards to other equipment that's in there?

MR. SPERO:

The other equipment is 5-25-5 compliant.

LEG. CARACAPPA:

It's all 5-25-5 compliant?

MR. SPERO:

Yeah, except for the shelving, we don't -- we had this issue come up last year also and the resolution went through with the funding for the shelving, so this year we would like to see the funding taken out of the resolution and the shelving purchased out of the budget.

COMMISSIONER BRADLEY:

But we went forward -- you know, that's my dilemma. We went forward as a County planning to have it in. I mean, we

went forward, it was approved to go in originally; I mean, I know you made this claim last year that it should come out. So we went forward with an approved capital plan to have it included and now you're saying take it out.

MR. SPERO:

No, last year the funds were appropriated for shelving money, weren't they?

MS. BRANDEAU:

Yes.

MR. SPERO:

That was last year's funding resolution.

MS. BRANDEAU:

Right.

MR. SPERO:

And it never was taken out. So the result is you're going to bond to purchase that shelving.

COMMISSIONER BRADLEY:

Okay.

MR. SPERO:

So this year we would like to see it taken out, not that we're opposed to buying the health center equipment per se.

MS. BRANDEAU:

Right.

LEG. CARACAPPA:

Mr. Chair -- Madam Chair, I would make a recommendation to

Dr. Bradley or the County Executive's representative here that maybe through -- I hate to hold up any sort of equipment for health centers and I do agree with the 5-25, it's a law that we've done very well with in regards to saving money, in regards to bonding. I would ask that maybe they recommend or consider a CN for this bill just excluding the \$40,000 for the shelving. And I would ask that a resolution be also drawn up, either through a CN or through any member here or the County Executive, to separate that so that we can deal with it hopefully before the summer break.

LEG. FOLEY:

Madam chair, what's unusual this time around is that there's two weeks between this meeting and our General Meeting. So just through Counsel, if there was a change in the motion to discharge with the expectation that there will be an amended version of the bill submitted by -- when is the deadline in order to vote?

MR. SABATINO:

Yeah, I was about to interject. We have the extra week, so if the corrected copy is filed by Friday of this week it would be eligible without a need to go to the CN, it would simplify the paperwork. But if they don't file it by Friday then the CN would be the route to go. So the suggestion would be if you table the bill, it gives them the chance to make the correction between now and Friday. If the correction is made you can discharge easily, if it's not made then Legislator Caracappa's idea would kick in which is the CN.

LEG. FOLEY:

Commissioner?

COMMISSIONER BRADLEY:

Yes, I'm sorry.

LEG. FOLEY:

What's unusual this cycle is that we have two weeks time before our General Meeting. If the pleasure of the committee is to keep this in committee with the expectation that the department would ask for an amendment to the bill to be filed by five clock Friday?

MR. SABATINO:

Friday, yes.

LEG. FOLEY:

By five o'clock Friday eliminating the 40 some odd thousand, and then what we would do is make a discharge motion on the floor of the General Meeting on the 6th to vote on the amended bill. So you have until this Friday --

COMMISSIONER BRADLEY:

Okay.

LEG. FOLEY:

-- to amend this --

MR. SABATINO:

Friday the 26th.

LEG. FOLEY:

Friday the 26th, this Friday, to amend the bill. Then what we would do is we would make a motion to discharge from committee on the floor on the 6th.

COMMISSIONER BRADLEY:

Okay.

LEG. FOLEY:

Otherwise, someone would want to have a CN, that would take 12 votes.

LEG. CARACAPPA:

Madam Chair?

LEG. FOLEY:

This would be 12 votes anyway, though, wouldn't it be?

MR. SPERO:

It's a bond.

LEG. FOLEY:

Twelve votes anyway, yeah. Joe

COMMISSIONER BRADLEY:

Okay. Now, just in terms of CI. We went to the Space Committee and got approval through the Space Committee.

LEG. FOLEY:

Which Space Committee was it, was it the earlier one or was it the newer one?

MR. SPERO:

Hold on.

LEG. FOLEY:

Which one?

MR. SPERO:

The Working Space Committee, which is not a formally constituted committee, gave the go ahead to Roy Dragotta to look for space, but it hasn't come back to the Executive Space Committee yet.

LEG. FOLEY:

Okay.

COMMISSIONER BRADLEY:

Okay. Just so that we're all in agreement, we're talking about taking out the medical records shelving only.

MR. SPERO:

Well, as far as the equipment for the CI, the question -- it could be why buy the equipment if we don't have the spot to use it?

LEG. FOLEY:

This resolution, maybe we should have a quick description of the equipment; does this resolution include equipment for CI?

COMMISSIONER BRADLEY:

There is equipment included in here, yes, for expansion of CI.

LEG. FOLEY:

For expansion of CI.

COMMISSIONER BRADLEY:

Yes.

LEG. FOLEY:

So how could we first purchase equipment if -- you know, the elementary question is how can we purchase equipment if we don't know where we're going in the space allocation request and all the rest?

COMMISSIONER BRADLEY:

Why don't we remove that when we remove the medical records shelving?

LEG. FOLEY:

Yeah. You know?

LEG. CARACAPPA:

Just on the question.

LEG. FOLEY:

Unless under -- just through the Chair, unless in the present situation where CI is now, if you need some equipment now, you know, for the present facility.

COMMISSIONER BRADLEY:

We do not.

LEG. FOLEY:

Okay.

COMMISSIONER BRADLEY:

Some of it maybe, but most of it is for the expansion.

LEG. FOLEY:

See, those are some of the rational questions that some of us ask.

COMMISSIONER BRADLEY:

Yes, okay.

LEG. FOLEY:

When we ask them the same questions of the Coram Health Center, not you, Commissioner, but others thought we had other agendas when they're just some very obvious questions where there weren't any answers to. So this is an example where take it out if we don't have the space allocation requests yet.

LEG. CARACAPPA:

The shelving, that's for CI as well?

COMMISSIONER BRADLEY:

No.

LEG. CARACAPPA:

Now, I guess we're going to have to deal with that in regards to another resolution, finding a \$40,000 offset. And I don't know if we can do that in regards to having it available for us for discharge, it will be a whole new resolution, Paul?

MR. SPERO:

The department can transfer funds within their budget without a resolution.

LEG. CARACAPPA:

Without a resolution, okay.

LEG. FOLEY:

It's under 10%.

LEG. CARACAPPA:

Very good.

CHAIRPERSON FIELDS:

We had a motion to table.

LEG. FOLEY:

Second the motion to table.

CHAIRPERSON FIELDS:

All in favor? Opposed? **Tabled (Vote: 5-0-0-0).**

1551-00 (P) - Appropriating funds in connection with the information system for Health Services (CP 4061) (County Executive). I would like to also make a motion to table on this one. I think I will just defer to Budget Review to give us explanation on this one also.

MR. SPERO:

On this project, this computer project is one of these umbrella Capital Projects where we keep appropriating funding resolution after resolution. We had a terrible time trying to track where the money -- how the money was spent and for

what purposes because it's very generic, it's information systems for the Health Department which could be anything. So what we would like to see, to help us provide a better audit trail of how the money is being used, is to have the funding split into two Capital Projects. And at the top of page 237 in our report, we would create one project for the health clinics and \$85,000 would be used in a new project for the laptops for the Environmental Sanitarians. So if that could be split into two, it would be easier for the technocrats to follow how the money is being spent.

(*Legislator Caracciolo entered the meeting at 11:15 A.M.*)

CHAIRPERSON FIELDS:

Technocrats?

MR. SPERO:

Yeah, that's us.

CHAIRPERSON FIELDS:

That's very good.

MR. SPERO:

As opposed to bureaucrats.

COMMISSIONER BRADLEY:

Why do we have to stop it now to do that, why can't after this point we go ahead and do that, or why can't we do that in the 2001 Capital Budget? I mean, this has been in place, we're in the process of implementing IDX now.

MR. SPERO:

Well, again, we would like to see it happen as soon as it could happen. A corrected copy could be put in by Friday. It's no big deal.

COMMISSIONER BRADLEY:

Friday? Okay.

MR. SPERO:

It's just taking the money, creating another Capital Project in the same resolution.

LEG. FOLEY:

If this helps our BRO analysts to do their job --

MR. SPERO:

It would help the Budget Office, too, and the Comptroller's Office.

LEG. FOLEY:

Then that's the primary principle here.

COMMISSIONER BRADLEY:

It just would be better if we did it when we approved the yearly Capital --

LEG. FOLEY:

Of course.

COMMISSIONER BRADLEY:

-- instead of doing it midstream.

LEG. CARACAPPA:

Agreed.

LEG. FOLEY:

Agreed. But sometimes there are, you know, revealed understandings as the process unfolds.

CHAIRPERSON FIELDS:

And again, I don't think anyone doesn't want to see it happen, we just want to see it done correctly.

COMMISSIONER BRADLEY:

All right. So five clock Friday, the same thing?

LEG. FOLEY:

Five o'clock Friday.

COMMISSIONER BRADLEY:

Okay.

LEG. FOLEY:

And if others that you report to refuse to do so, you know, there is always the meeting at the end of the month, we have two meetings in June.

LEG. CARACAPPA:

Madam Chair, just a request, I would ask Commissioner Bradley to either reach out to the Chair, as I'm sure you will, to let us know if you've done that or any other members made the new corrected copies by Friday so one of us can make the discharge motion on the floor.

COMMISSIONER BRADLEY:

Okay. Thank you.

CHAIRPERSON FIELDS:

Thank you. **Tabled (Vote: 5-0-0-0).**

IR 1555-00 (P) - Amending the Department of Health Services 2000 Adopted Budget to reallocate 100% State Grant funds for contracted agencies in the Division of Community Mental Hygiene Services (County Executive).

LEG. FOLEY:

Motion.

CHAIRPERSON FIELDS:

Motion by Legislator Foley, seconded by the Chair. All in favor? Opposed? **Approved (Vote: 5-0-0-0).**

LEG. CARACCILO:

Madam Chair?

CHAIRPERSON FIELDS:

Yes.

LEG. CARACCILO:

I would like to note for the record that my late arrival this morning was necessitated by other Legislative business. And I would like to make a motion to **cast my vote with the majority of votes previously cast on the previous resolutions.**

LEG. FOLEY:

Second.

CHAIRPERSON FIELDS:

Okay, thank you.

1556-00 (P) - Amending and appropriating 100% Federal Grant Funds from the New York State Office of Mental Health to the Department of Health Services, Division of Community Mental Hygiene Services, for the development of work opportunity programs for individuals with employment barriers in Suffolk County (County Executive). I will make the motion.

LEG. FOLEY:

Second.

CHAIRPERSON FIELDS:

Second by legislator Foley. All in favor? Opposed? **Approved (Vote: 5-0-0-0).**

IR 1563-00 (P) - Amending the Department of Health Services 2000 Adopted Operating Budget to reallocate budgeted funds within the Division of Patient Care Services in contract agencies and fees for services (County Executive).

LEG. FOLEY:

Explanation, please.

COMMISSIONER BRADLEY:

The Riverhead Health Center's Prenatal Program, the prenatal services have been provided by Stony Brook and there has been intentions and requests by the community, can't those prenatal services occur at a local community hospital. So we have been working for several years to try to develop that type of relationship with Central-Suffolk, which we have been able to do. So what we're doing is removing the money from Stony Brook and switching it over.

LEG. FOLEY:

Central Suffolk, that's a seat change there.

COMMISSIONER BRADLEY:

Yes, it has been a seat change. But it's better because some of the women don't make it to Stony Brook, they end up showing up at Central-Suffolk without any records, without anyone knowing who they are. So Central-Suffolk is much closer for all of the patients from this community.

LEG. FOLEY:

Well, it's nice to see that Central-Suffolk wants to now be more supportive of our health centers. They're catching up to some of the other community hospitals.

CHAIRPERSON FIELDS:

Okay. I will make the motion to approve.

LEG. FOLEY:

Second.

CHAIRPERSON FIELDS:

Seconded by Legislator Foley. All in favor? Opposed? **Approved (Vote: 5-0-0-0).**

Introductory Sense Resolutions

Sense 65-2000 - Memorializing Resolution requesting the State of New York to grant authority to impose local

tobacco taxes (Caracciolo).

LEG. CARACCIOLO:

Motion.

LEG. CARACAPPA:

Second.

CHAIRPERSON FIELDS:

Motion by Legislator Caracciolo, seconded by Legislator Caracappa.

LEG. FOLEY:

Madam Chair, this is a refreshing change to have those who are enrolled in particularly a more conservative ranks of political parties asking for a new tax in a given municipality. So in this case, it's for the best of reasons. It's for sometimes, as former justice -- and every so often I have to say this, particularly through some taxpac groups and they love it when I say it, that former Supreme Court Justice Oliver Windall Holmes Said that taxes are the price of civilianization. And that in this case, if by imposing local taxes would help us in this fight against the tobacco interests, then it's something that, again, would be part of that overall strategy, the overall arsenal of attacking this industry, so to speak. So thank you.

LEG. CARACCIOLO:

I would also like to comment. And I appreciate the remarks of my esteemed colleague from, is it the 7th District, Brian?

LEG. FOLEY:

Seventh.

LEG. CARACCIOLO:

The 7th District, okay.

LEG. CARACAPPA:

Gentleman from Patchogue.

LEG. CARACCIOLO:

Following the long tradition of bipartisan support for sin taxes, and that's what this request is for, it's for a good cause. And hopefully our colleagues in the State government will see it that way and give us the authority to impose some type of local levy that will assist our efforts to reduce those who unfortunately -- it is an addiction, as we had testimony here at the last committee meeting by one of the physicians, that unfortunately for most people, after they've smoked four cigarettes, nicotine and other additives in tobacco make them addicted to that terrible, terrible drug. And hopefully this will go a long way in stemming the flow and the efforts being made at national, state and local levels to reduce those who are addicted to this terrible thing called cigarettes and tobacco products.

CHAIRPERSON FIELDS:

I would like to add or request that the committee be cosponsors on this memorializing resolution.

LEG. FOLEY:

Indeed.

CHAIRPERSON FIELDS:

Legislator Caracappa?

LEG. CARACAPPA:

Well, I was going to shock Legislator Foley and add myself as a cosponsor just to one-up his amazement on his surprise to us wanting to do this.

CHAIRPERSON FIELDS:

All in favor? Opposed? Approved (Vote: 5-0-0-0).

Motion to adjourn.

LEG. CARACAPPA:

Madam Chair, I would like to -- seeing that IR 1555 and 1556 are 100% grant funds, that makes them eligible for the consent calendar. And at this point in time, I'd like to make the motion to place --

LEG. FOLEY:

Second.

LEG. CARACAPPA:

-- 1555 and 1556 on the consent calendar.

LEG. FOLEY:

Second the motion.

CHAIRPERSON FIELDS:

All in favor? Opposed? Okay. **1555 and 1556 are on the consent calendar (Vote: 5-0-0-0).**

Motion to adjourn.

(*The meeting was adjourned at 11:22 A.M.*)

**Legislator Ginny Fields, Chairperson
Health Committee**

- Denotes Spelled Phonetically